

IN PERSON

Disclosure Report Cover

JUL 28 2017

Amendment

☐ Yes ☐ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

DURHAM BOE

1. Committee Information	
a. Full Name Committee to Elect JAMES HILL	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO Box 13164 Durham NC 27709	d. Date Filed 07/28/2017
	e. Phone Number 919-536-8820

2. Report Year 2017	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy) JUNE 30 / 17	5. Treasurer Full Name JAMES HILL
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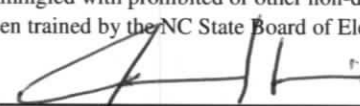
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
8. Number of Fundraisers this Report NONE			

11. Account Information		11. Account Information	
a. Financial Institution Full Name WELLS FARGO	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose	b. Purpose	d. Period Begin Balance	d. Period Begin Balance
c. Account Code	c. Account Code	\$ — 0 —	\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

James Hill
Printed Name of Signer


Signature of Appointed Treasurer

7-28-17
Date

FOR OFFICE USE ONLY

Date Received: 7/28/2017 Employee: Kate Cosner

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

☐ Normal Mail

☐ Registered Mail

☒ Hand Delivered

☐ Electronically Filed

☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ _____		\$ _____	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ _____		\$ _____	
6) Contributions from Individuals (CRO-1210)		\$ _____		\$ _____	
7) Contributions from Political Party Committees (CRO-1220)		\$ _____		\$ _____	
8) Contributions from Other Political Committees (CRO-1230)		\$ _____		\$ _____	
9) Loan Proceeds (CRO-1410)		\$ _____		\$ _____	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ _____		\$ _____	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ _____		\$ _____	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ _____		\$ _____	
11c) Outside Sources of Income (CRO-1250)		\$ _____		\$ _____	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ _____		\$ _____	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ _____		\$ _____	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ _____		\$ _____	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ _____		\$ _____	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ _____		\$ _____	
13c) Coordinated Party Expenditures (CRO-1310)		\$ _____		\$ _____	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ _____		\$ _____	
15) Loan Repayments (CRO-1420)		\$ _____		\$ _____	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ _____		\$ _____	
17) In-Kind Contributions (CRO-1510)		\$ _____		\$ _____	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ _____		\$ _____	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ _____		\$ _____	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ _____			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ _____			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ _____			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ _____			
24) Account Transfers Within the Committee (CRO-1720)		\$ _____			
25) Administrative Support (CRO-1710)		\$ _____		\$ _____	
26) Forgiven Loans (CRO-1440)		\$ _____		\$ _____	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ _____		\$ _____	
28) Contributions to be Refunded (CRO-1215)		\$ _____		\$ _____	

Aggregated Contributions from Individuals

Page ____ of ____

Amendment

☐ Yes ☐ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
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<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
4. Total only this Page					\$	
5. Total of ALL CRO-1205 Pages					\$	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg ____ of ____

Amendment

☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
NONE				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ _____	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ _____	

Disbursements

Pg ____ of ____

Amendment

☐ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
<div style="font-size: 2em; text-align: center;">None</div>				c. Level Registered (Specify)		e. Election Sum to Date <div style="text-align: right;">\$</div>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date <div style="text-align: right;">\$</div>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date <div style="text-align: right;">\$</div>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ _____	
6. Total of ALL CRO-1310 Pages						\$ _____	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							